

# 2011 Military Health System Conference

## Army Incentives for the PCMH

*The Quadruple Aim: Working Together, Achieving Success*

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Department of the Army Medical Department

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# Outline



- Why are we moving to the PCMH?
- Initial State, Targets
- Army SG's Guidance
- Community Based Medical Homes
- Army Medicine Incentives
- Examples of measures

# Reasons for Action



- Fulfill the Army Family Covenant
- Directed by MHS
- Set the standard for comprehensive care
- Improve continuity of care
- Increase positive clinical outcomes
- Increase patient satisfaction
- Increase access for beneficiaries
- Increase efficiency
- Increase value to beneficiaries
- Improve health of beneficiaries

Scope: PCMH throughout the Army

# Initial State



- 39% PCM continuity...truly only 29%
  - MCSC does a lot of primary care for MTFs
- 20% of patients do not get first call resolution (279K of 1.1M)
- Primary care satisfaction is one of our lowest ratings of overall patient satisfaction
- Concern by Senior Army Leadership about access
- Patient is responsible for arranging care
- Fragmented care
- 30% of referrals to the network were not activated
- High ER utilization rate
- Limited evening/weekend access

# Target State



- Set standard for comprehensive care
  - PCMH established throughout the Army providing comprehensive care
- Improve continuity of care
  - >60% of patients see their PCM; >85% of patients see their PCM team
- Increase patient satisfaction
  - >92% patient satisfaction for primary care
- Increase positive clinical outcomes/ Improve health of beneficiaries
  - >90% of HEDIS indicators are in the 90<sup>th</sup> percentile
- Increase access for beneficiaries
  - 72 visits per 100 for ER ... reduce to 40 visits per 100 enrollees
- Increase efficiency
  - PMPM
- Increase value to beneficiaries
  - Increase direct care capacity; longitudinal EMR
- Improve staff satisfaction

# Army Surgeon General's Guidance



- Improve access and continuity in primary care
- Improve quality of care
- Deliver high value care
- Standardize operations and patient experience of care

# PCMH Frame Framework



- Community based primary care clinics is “Our first major initiative to implement Patient Centered Medical Home”

*TSG - September 2, 2010*

- Patient Centered Medical Home
  - Patient Centered
  - Integrated Team Care
  - Expanded Access Options
  - Comprehensive primary care services
  - Care management
  - Care coordination



# Strategic Performance Metrics



## Community Based Medical Homes

- Primary care is delivered in the PCMH, not in urgent care, emergency departments, or specialist offices (Leakage)
- Our patients see their PCM (PCM Continuity)
- All empanelled patients are happy, not just those who got an appointment (APLSS)
- Patients get the preventive care they need (HEDIS)
- We cover our costs (Clinic RVUs)

# Army Community Based Medical Homes



## Business Rules

- Increase our primary care market share
  - Net increase in primary care enrollment to the MTF
- Annual Clinic enhanced RVUs: 60,238
  - Based on .86 PCM availability factor
- Initial Empanelment of 1354 per PCM
- Fully enroll as soon as fully staffed
- Operate at economic advantage to DoD
  - Improve ER/UCC usage rates
  - Improve utilization rates

# Performance Incentives

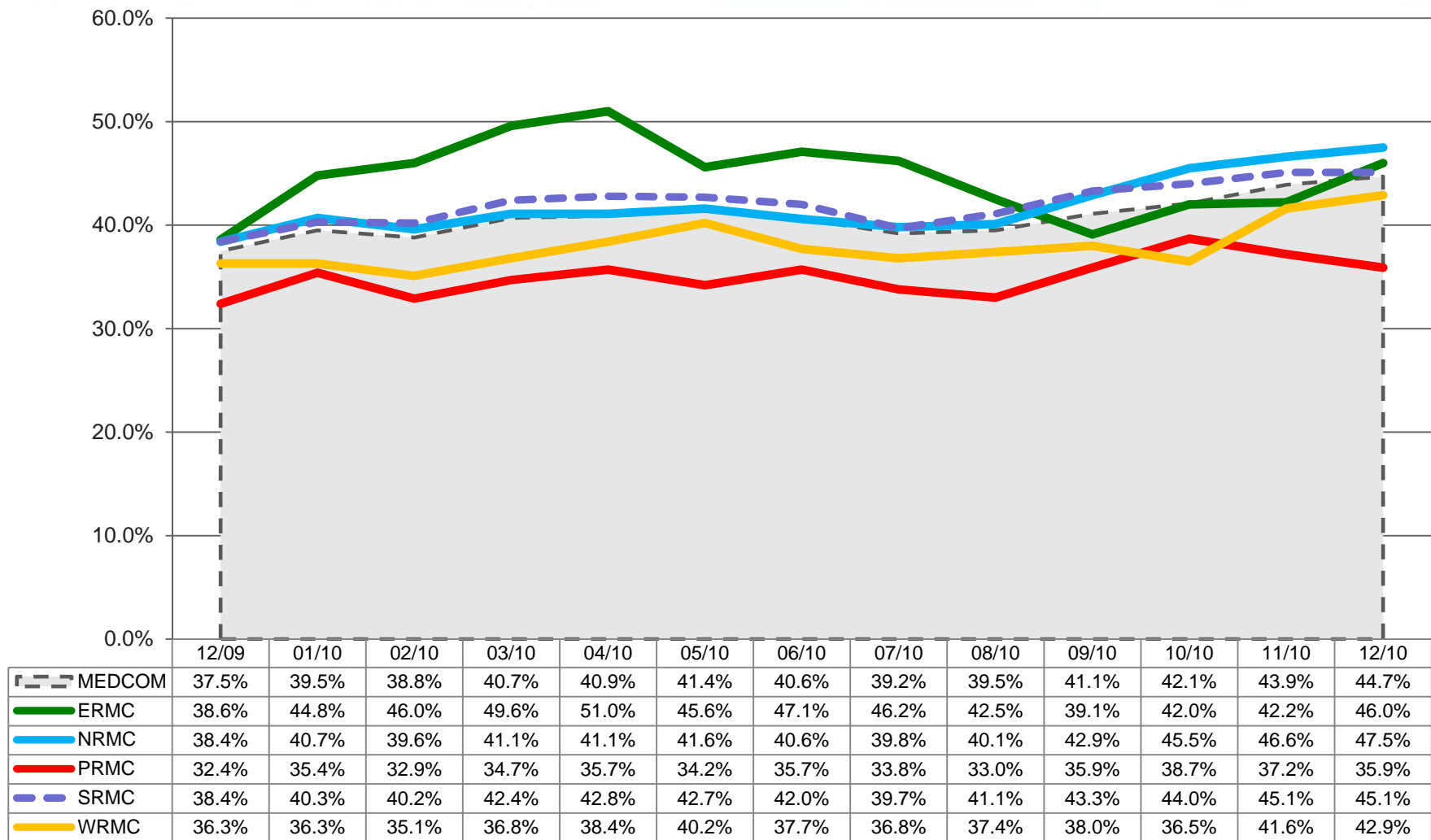


- Continuity of Care
  - \$10 for each visit with PCM
  
- Patient Satisfaction
  - Phone Service
  - Access
  - Courtesy
  - Overall Satisfaction



# PCM Continuity by Army Regions

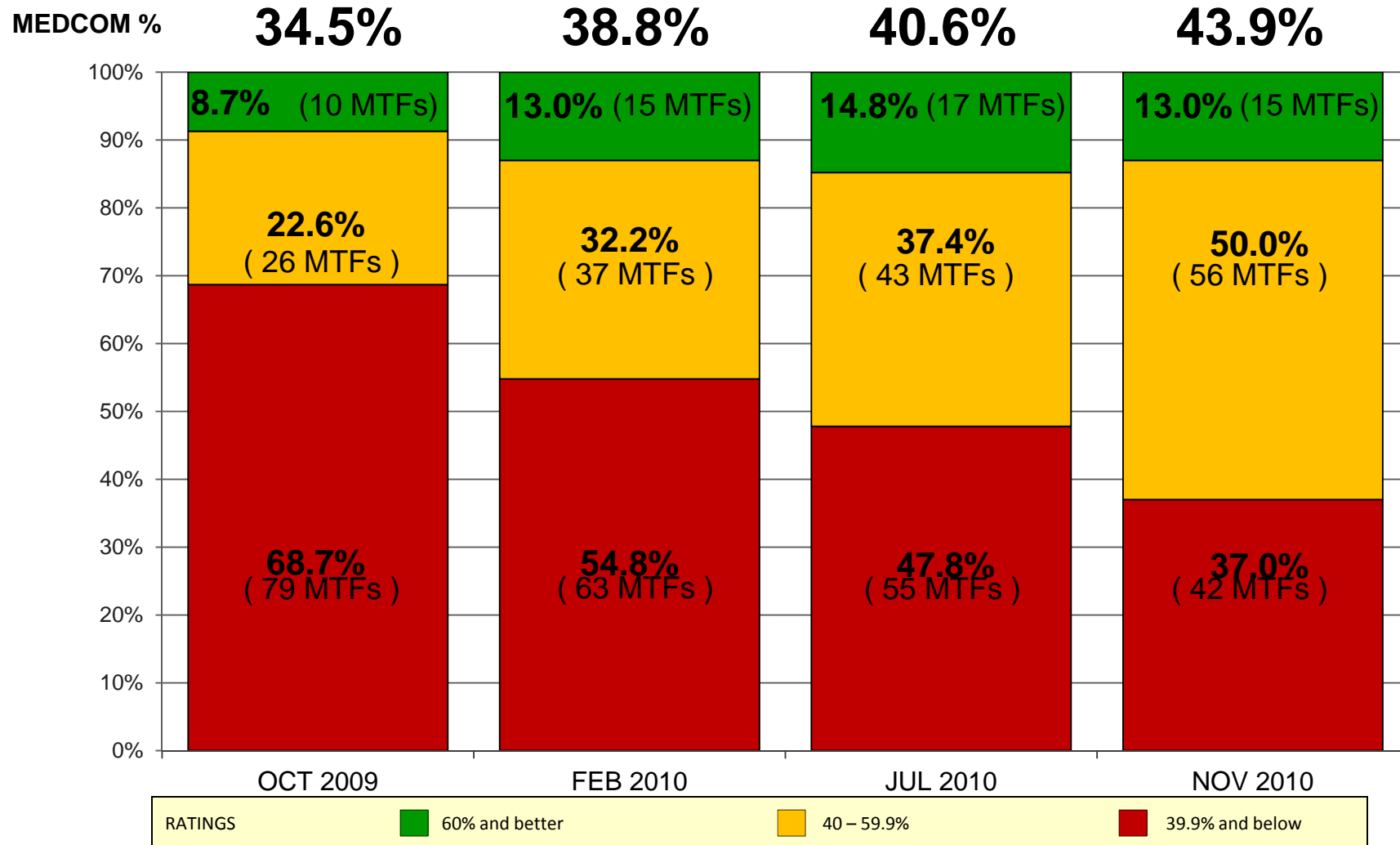
(DEC 2009 – NOV 2 010)



Data Source: TRICARE Operations Center / Data Report: PCMBeeingSeen\_ParentDMIS

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# PCM Continuity by DMIS (FY 2010)

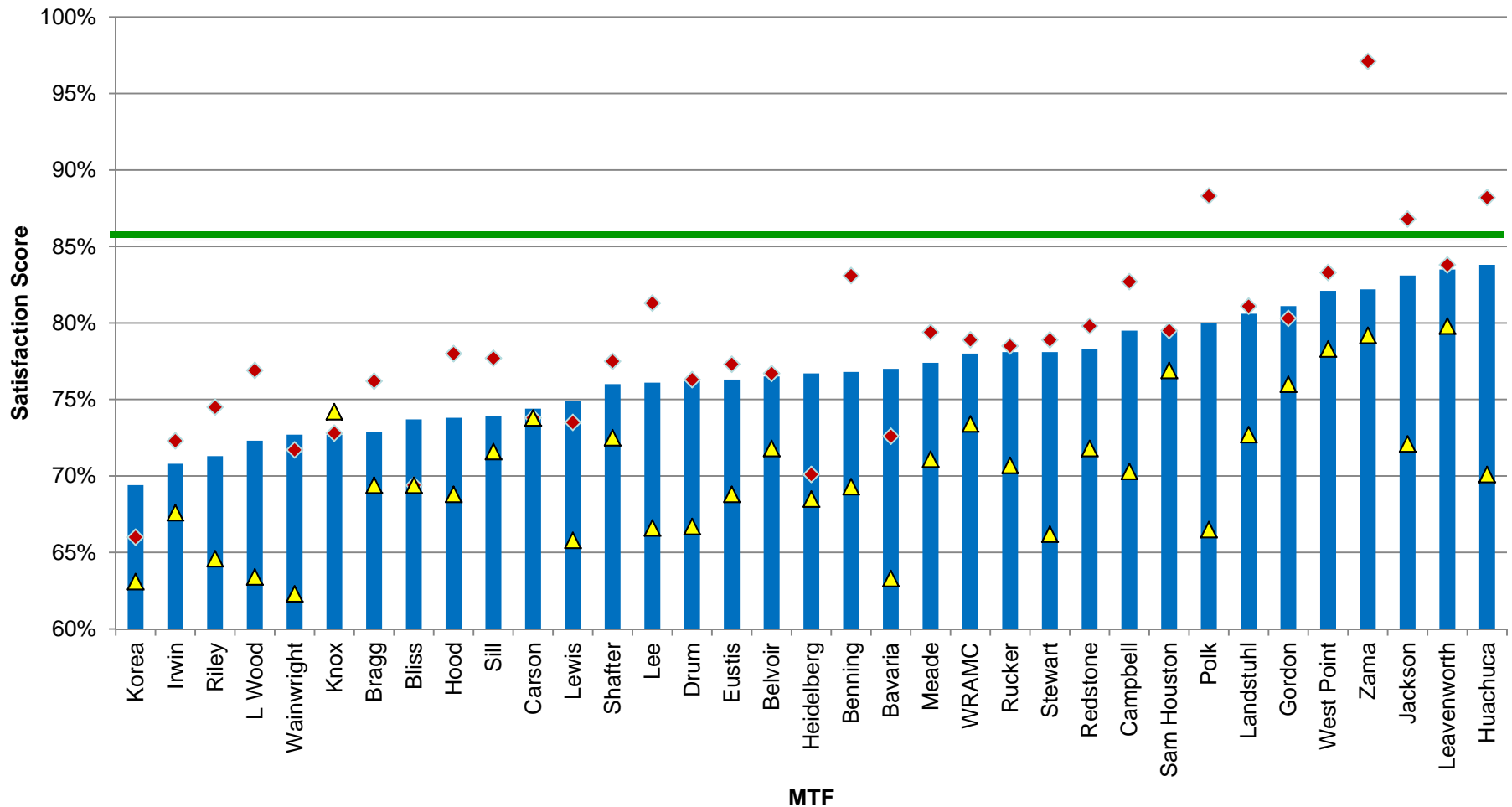


SOURCE: TRICARE Operations Center / REPORT: PCM Medical Home Report / PERIOD: FY 2010

# Access to Care: Patient Satisfaction



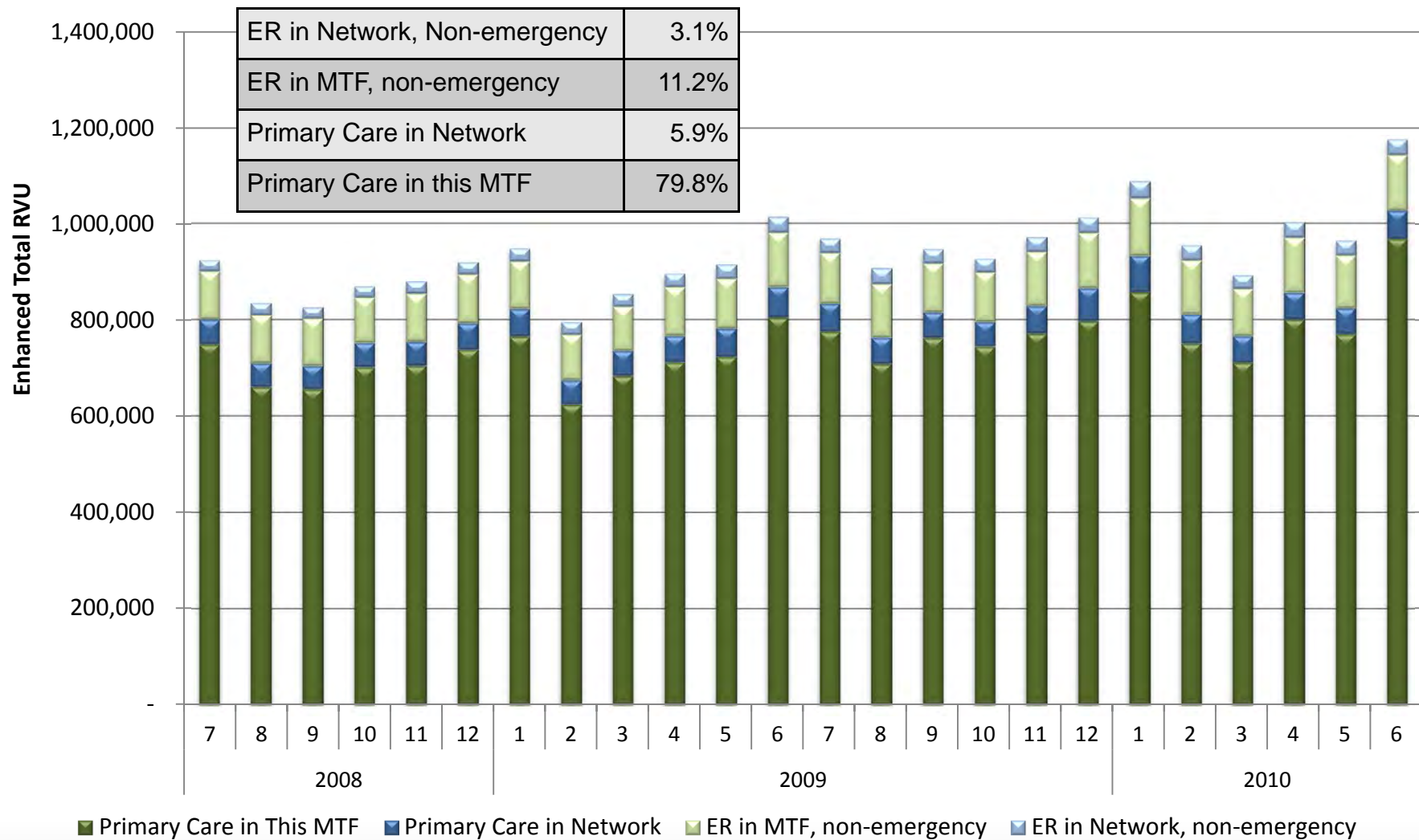
## APLSS #11: Scheduling Appointment Until Visit



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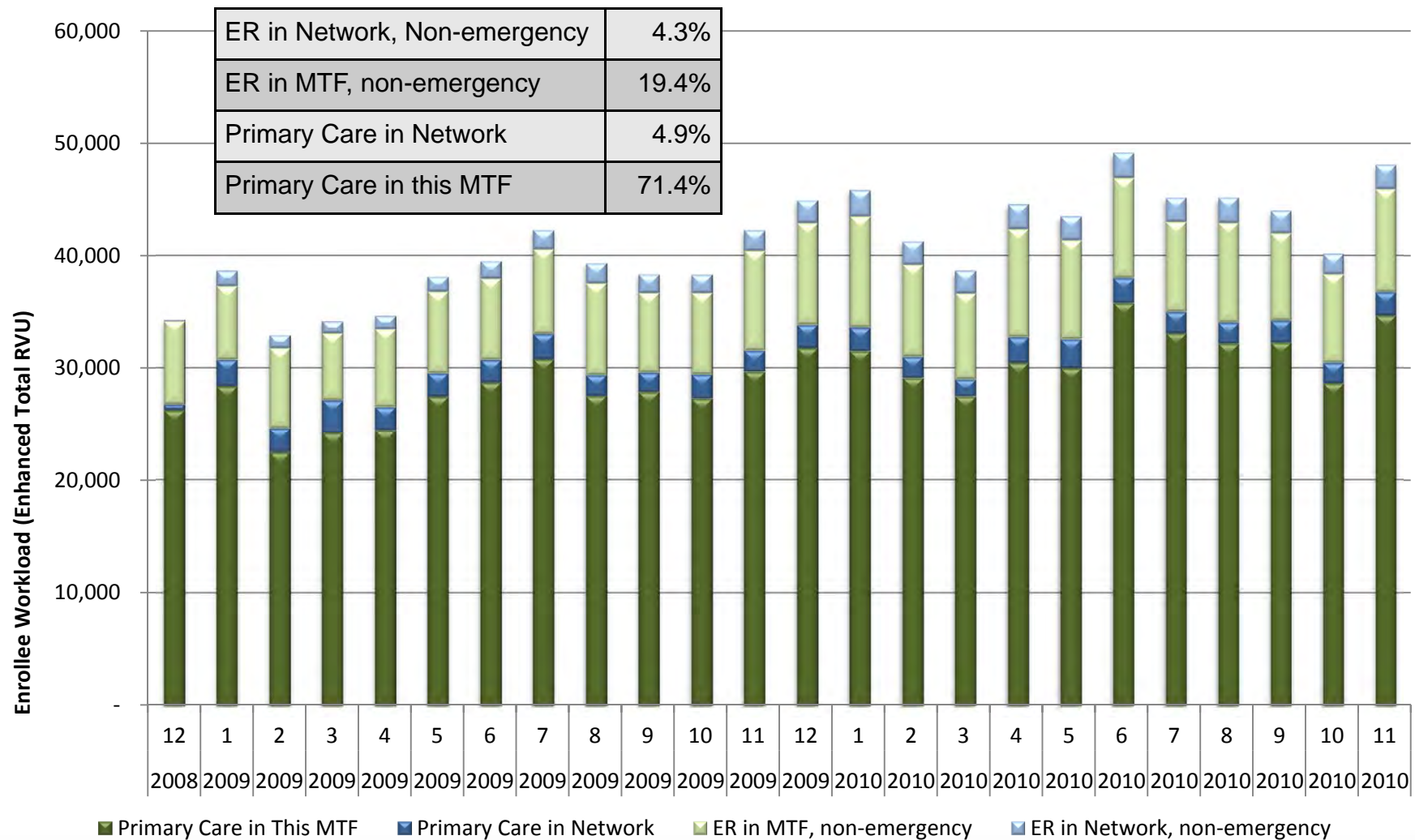
52 Wk Avg Goal Dec-10 FY08

# Where Enrollees Get Their Primary Care: MEDCOM





# Where Enrollees Get Their Primary Care: Fort XXXX



# Army Community Based Medical Homes



## Staffing Model

Clinic level services include:

- Management team (3)
  - Group Practice Manager
  - Health Systems Specialist
  - Office Admin Assistant
- Float provider (1)
- Behavioral health provider (1)
- Full service pharmacy (2)
  - Clinical pharmacist
  - Pharmacy tech
- Laboratory (2)
  - Moderate complexity
- Immunizations/float nurse (1)
  - Cross-trained LPN

